

SECRET
(When Filled In)

DOCUMENT TRANSFER AND CROSS REFERENCE					
SUBJECT OF DOCUMENT			DOCUMENT IDENTIFICATION		
			2. RI FILE NO.		
			3. DISPATCH OR SOURCE DOC. SYMBOL NO.		4. DATE
			7. SOURCE CRYPTONYM	8. DATE OF INFO.	9. EVALUATION
5. ANALYST	6. DATE PROCESSED	10. DISSEMINATED IN		11. DATE	
DOCUMENT DISPOSITION					
12. CROSS REFERRED TO THIS FILE			13. TRANSFERRED TO RI FILE NO.		
PERTINENT INFORMATION					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MAST, BARON <input type="checkbox"/> <input type="checkbox"/> SEX M DOB ?</p> <p>CIT AUSTRIA ? OCC ? A CONTACT OF RUDOLF JISTINI AND OF A WESTERN IS, AND OF DR. WILLI HOETTL <input type="checkbox"/> <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>006-006-006 XBAZ-05427 03 JUL 52 SER 253Y1 P1</p> </div> </div> <div style="text-align: right; margin-top: 20px;"> <p>DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHOD EXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2007</p> </div> <div style="margin-top: 40px; display: flex; justify-content: space-between;"> <p>WAS X00-120 03 JUL 52</p> <p>R 6507262202</p> </div> <div style="text-align: right; margin-top: 100px;"> <p>FILE IN <input type="checkbox"/> <input type="checkbox"/></p> </div>					
14. FILE THIS FORM IN FILE NO.			<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">➔</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>		